

Accreditation Report – Lifeways

Date of Review: September 22, 2020

Overall Score: 92.2%

REVIEW PROCESS:

Lifeways was reviewed by The Department of Social Services, Office of Accreditation and Licensure for adherence to the Administrative Rules of South Dakota (ARSD) on September 22, 2020. This report contains the following:

- Agency Summary
- Interview Results
- Stakeholder Results
- Administrative and Client Case Record Findings
- Areas of Strengths
- Areas of Recommendations
- Areas Requiring a Plan of Correction
- Prior Areas Addressed in Previous Review
- Accreditation Results

The accreditation results are derived from an administrative score which includes the scoring of policies and procedures and personnel files, the client case record scores, and an overall accumulative score. The level of accreditation status is based on the overall accumulative score.

AGENCY SUMMARY:

Lifeways is a non-profit Prevention and Substance Use Disorder agency located in Rapid City and Custer S.D. The agency is seeking to renew accreditation for both prevention and outpatient substance use disorder services (SUD).

The current director and founder of Lifeways opened the agency in 2003. Lifeway's mission is that "Through prevention, intervention, and connection, Lifeways partners with schools and communities to inspire and equip students to be healthy and substance free." The agency is the only adolescent program in the Rapid City and Custer area that has addiction counselors within the schools. "The agency reports parents have a 95% rate of involvement in their child's treatment program.

Lifeways currently employs eight staff and has three full time vacancies. Lifeways is committed to ensuring proper staff by providing a staff mentoring program, weekly staff meetings, monthly training sessions and a 2-3-day training before every school year. Lifeways looks for new and innovative ways to

connect with their clientele. Recently Lifeways created a podcast on their website to reach students, parents and the community. The agency is also reaching the community through a media campaign called "Why Wait". The purpose of the campaign is to encourage families to seek assistance sooner. The media campaign will consist of billboards and a Public Service Announcement. Lifeways website is consumer friendly and includes detailed information about the programs they offer as well as statistics.

INTERVIEW RESULTS:

Description: The Department of Social Services, Office of Accreditation and Licensure completes confidential interviews with consenting clients and staff of the agency as part of the accreditation process. The interviews are not a scored component of the accreditation review however the information obtained in the interviews is used for quality improvement of the agency.

Interviews were completed with both agency and no concerns were noted. The agency was unable to provide a client for interviews at the time of the accreditation review.

STAKEHOLDER SURVEY:

Description: Stakeholder Survey data is collected once a year for all accredited mental health and substance use disorder agencies. As part of the survey process, accredited agencies are asked to share the survey with at least three stakeholders in their community. In addition, feedback is gathered from the Department of Corrections (DOC), Unified Judicial System (UJS), and Child Protection Services (CPS) regarding the accredited agencies. The surveys are not a scored component of the accreditation review however the information obtained in the survey results is used for quality improvement of the agency.

Stakeholder results were sent out and collected over the past three years. Lifeways had had twenty-one total responses from stakeholders and no concerns were noted.

AREAS OF STRENGTHS:

Description: The following areas were identified as areas the agency demonstrated substantial competency to administrative rules.

1. According to 67:61:07:08, Progress notes shall be included in the client's file and shall substantiate all services provided.

Progress notes were included in the client's file and substantiated all services provided. Progress notes were consistently included, no show notes were also included which is helpful in telling the story of the client.

2. According to 67:61:07:05, an addiction counselor or counselor trainee shall meet with the client and the client's family if appropriate, to complete an integrated assessment within 30 days of intake. The integrated assessment includes both functional and diagnostic components. The assessment shall establish the historical development and dysfunctional nature of the client's alcohol and drug abuse or dependence and shall assess the client's treatment needs. The assessment shall be recorded in the client's case record shall include required components.

The integrated assessments were consistently completed within 30 days of intake and contained all the required component.

3. According to 67:61:07:12, a designated staff member shall conduct tuberculin screening for the absence or presence of symptoms with each client newly admitted to outpatient treatment within 24 hours of admission.

All TB screenings were completed with in 24 hours of the onset of services for five of five client charts that were reviewed.

4. According to 67:61:07:10, When a client prematurely discontinues services, reasonable attempts shall be made and documented by the agency to re-engage the client into services if appropriate.

Lifeways made and documented reasonable attempts to re-engage clients into services who discharged prematurely.

AREAS OF RECOMENDATION:

Description: The following areas were identified as areas that the agency is recommended to review and ensure that the areas are corrected. The areas identified met minimum standards which would not require a plan of correction at this time however they are areas that if continued to be found on the next accreditation review could become future areas of non-compliance requiring a plan of correction.

1. According to ARSD 67:61:07:06, an addiction counselor or counselor trainee shall develop an individualized treatment plan based upon the integrated assessment for each client admitted to an outpatient treatment program. Evidence of the client's meaningful involvement in formulating the plan shall be documented in the file. The treatment plan shall be recorded in the client's case record and shall include a staff member responsible for facilitating the methods or treatment procedures.

The statement identifying the staff member responsible for facilitating the methods or treatment procedures were missing in five of the five client charts that were reviewed.

2. According to ARSD 67:61:07:08, all programs, except prevention programs, shall record and maintain a minimum of one progress note weekly, when services are provided. Progress notes are included in the client's file and substantiate all services provided. Individual progress notes must document counseling sessions with the client, summarize significant events occurring, and reflect goals and problems relevant during the session and any progress in achieving those goals and addressing the problems.

Three out of five client charts did not have a description of what the client and provider plan to work on between sessions. Also, in several instances on the progress notes section of the client plan, the statement "continue to attend group" was written. The plan should be individualized to the client and provide a description of what the client and provider plan to work on during the next session, including work that may occur between sessions if applicable. The details should not be repetitive from week to week.

3. According to ARSD 67:61:06:04, each agency shall have written grievance policies and procedures for hearing, considering, and responding to client grievances. The procedure shall include the ability to appeal the agency's decision regarding ineligibility or termination of services to the division in 67:61:06:05. The form shall include the telephone number and address of the division.

The grievance form did not include the division address and phone number.

4. According to 67:61:02:21, each agency shall develop root cause analysis policy and procedure to utilize in response to sentinel events. Each

agency shall report to the division within 24 hours of any sentinel event including; death not primarily related to the natural course of the client's illness or underlying condition, permanent harm, or severe temporary harm and intervention required to sustain life.

The Lifeways policy and procedure manual included a sentinel event policy; however, the manual did not include procedures for completing a root cause analysis of the sentinel event that occurred.

5. According to Contract Attachment 1, SUD programs should publicize priority services for pregnant women, women with dependent children, and intravenous drug users and maintains a record of the programming/outreach services.

The Lifeways policy for prioritizing services references ARSD 46:05. This administrative rule is no longer valid. ARSD 67:61 went into effect in December of 2016.

6. According to ARSD 67:31:04:01, each SUD agency will have a Policy and Procedures manual to establish compliance with administrative rules for reviewing and updating the manual.

Lifeways policy and procedure manual references ARSD 46:05 for some policies. The policy and procedure manual will need to be updated to reflect the new administrative rules and articles of ARSD 67:61 that went into effect in December 2016.

7. According to ARSD 67:61:06:01 & 67:61:06:02, a client has rights guaranteed under the constitution and laws of the United States and the state of South Dakota. The clients' rights and responsibilities statement shall be posted in a place accessible to clients. Copies shall be available in locations where clients can access them without making a request to agency staff. An agency shall provide services to each client in a manner that is responsive to the client's need in the areas of age, gender, social support, cultural orientation, psychological characteristics, sexual orientation, physical situation, and spiritual beliefs.

Lifeways policy and procedure manual contains a policy regarding guaranteed rights with all the correct information required. However, some of the client guaranteed rights forms were missing information regarding the client's right to an advocate and the right to participate in decision making related to their treatment.

The agency appears to be using two different guaranteed rights forms. The agency should only utilize the form with all the required information.

AREAS REQUIRED FOR PLANS OF CORRECTION:

Description: The following areas will require a plan of correction to address the rules of non-compliance which shall include an updated policy and/or procedure, a time frame for implementation of this procedure, the staff position or title responsible for implementation and the staff position or title responsible for ensuring continued compliance of these rules.

1. According to ARSD 67:61:05:05 The orientation for all employee will be completed and documented within 10 working days and placed in their file.

Four out of four files personnel files did not have a sign-off on reviewing the policy and procedure manual. The orientation form used in the personnel files also references ARSD 46:05, a law that is no longer valid. If the agency chooses to utilize the ARSD reference on the orientation form, the correct ARSD is 67:61.

2. According to 67:61:07:07, the program shall document for each client the progress and reasons for retaining the client at the present level of care; and an individualized plan of action to address the reasons for retaining the individual in the present level of care. This document is maintained in the client case record.

The progress notes included continued service criteria. However, many of the reviewed client charts did not clearly define an individualized plan of action to address the reasons for retaining the individual in the present level of care.

3. According to 67:61:05:01, each new staff member shall receive the two-step method of tuberculin skin test or a TB blood assay test to establish a baseline within 14 days of employment. Any two documented tuberculin skin tests completed within a 12-month period before the date of employment can be considered a two-step or one TB blood assay test completed within a 12-month period before employment can be considered an adequate baseline test. Skin testing or TB blood assay tests are not required if a new staff, intern or volunteer provides documentation of the last skin testing completed within the prior 12 months. Skin testing or

TB blood assay tests are not required if documentation is provided of a previous position reaction to either test.

Two out of four files did not have TB tests completed within 14 days of hire or documentation of a prior TB test completed within the last 12-month period before date of employment.

4. According to 67:61:05:12, the agency shall routinely check the Medicaid Exclusion List for Excluded Individuals and Entities to ensure that each new hire as well as any current employee is not on the excluded list. No payment may be provided for services furnished by an excluded individual. Documentation that this has been completed shall be placed in the employee's personnel file.

Four out of four files did not contain documentation that the Medicaid Exclusion list had been checked upon hire or routinely.

PRIOR AREAS REQUIRING A PLAN OF CORRECTION:

Description: Lifeways was last reviewed by the Department of Social Services, Office of Accreditation and Licensure on October 5, 2017. The 2017 review identified four areas of recommendations and three areas requiring a plan of correction. Lifeways resolved four out of the four areas of prior recommendations and three out of three prior areas requiring a plan of correction.

ACCREDITATION RESULTS:

Administrative Review Score: 93.7%

Combined Client Chart Review Score: 91.5%

Cumulative Score: 92.2%

X	Three Year Accreditation (90%-100%)
	Two Year Accreditation (70%-89%)
	Probation (69% and below)